

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AUTISM SPEAKS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 EAST 33RD STREET 4TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016 F Name and address of principal officer: ANGELA T. GEIGER SAME AS C ABOVE	D Employer identification number 20-2329938 E Telephone number 212-252-8584 G Gross receipts \$ 50,105,563. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AUTISMSPEAKS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005 M State of legal domicile: DE

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: AUTISM SPEAKS IS ENHANCING LIVES TODAY AND ACCELERATING A SPECTRUM OF SOLUTIONS FOR TOMORROW.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	263
	6	Total number of volunteers (estimate if necessary)	6	162000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	58,085,859.	47,544,741.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	508.	1,678.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,900.	10,080.
			58,138,267.	47,556,499.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,253,687.	7,405,256.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,276,764.	21,475,585.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	441,828.	300,685.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,981,115.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,645,127.	17,558,147.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,617,406.	46,739,673.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,479,139.	816,826.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	18,248,413.	15,392,508.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,041,734.	8,369,003.
		6,206,679.	7,023,505.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KAREN ROBINSON, CHIEF FINANCIAL OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name FREDERICK E. DAVIS JR.	Preparer's signature	Date 07/28/17	Check if self-employed <input type="checkbox"/>	PTIN P00446023
	Firm's name ▶ MITCHELL & TITUS LLP	Firm's EIN ▶ 13-2781641	Phone no. (212) 709-4500		
	Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
AUTISM SPEAKS IS DEDICATED TO PROMOTING SOLUTIONS, ACROSS THE SPECTRUM AND THROUGHOUT THE LIFESPAN, FOR THE NEEDS OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES THROUGH ADVOCACY AND SUPPORT; INCREASING UNDERSTANDING AND ACCEPTANCE OF AUTISM SPECTRUM DISORDER; AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,188,019. including grants of \$ 2,497,935.) (Revenue \$)
AWARENESS, FAMILY SERVICES, ADVOCACY:

IN 2016, AUTISM SPEAKS TOOL KITS WERE DOWNLOADED NEARLY 200,000 TIMES, A 20 PERCENT INCREASE OVER THE PRIOR YEAR. KIT TOPICS INCLUDE NEWLY DIAGNOSED FAMILIES (IN ENGLISH AND SPANISH), VISUAL SUPPORTS, INDIVIDUALIZED EDUCATION PROGRAM (IEP) GUIDES, CHALLENGING BEHAVIORS TOOL KIT, RECENTLY DIAGNOSED ADULTS, AND THOSE WHO SUSPECT THEY HAVE AUTISM. THE RESOURCES IN THE AUTISM SPEAKS RESOURCE GUIDE, LISTING LOCAL SERVICES ACROSS THE COUNTRY, HAD 2.4 MILLION VIEWS.

IN PARTNERSHIP AUTISM SPEAKS LAUNCHED A THREE-YEAR INITIATIVE CALLED ADVICE: THE AUTISM & DISABILITY VISUAL INTEGRATION COMPANY EXPERIENCE.

4b (Code:) (Expenses \$ 11,729,054. including grants of \$ 4,907,321.) (Revenue \$)
SCIENCE PROGRAM:

THE PROGRAMMATIC GOALS OF AUTISM SPEAKS' SCIENCE PROGRAM STRIVE TO ENHANCE THE LIVES OF PEOPLE AFFECTED BY AUTISM TODAY, AS WELL AS IMPROVE THEIR FUTURE BY ADVANCING INNOVATIVE RESEARCH INTO CAUSES AND BETTER INTERVENTIONS FOR AUTISM AND RELATED CONDITIONS.

IN 2016, THE AUTISM SPEAKS MSSNG PROGRAM ADDED NEARLY 3,000 FULLY SEQUENCED GENOMES FROM FAMILIES IN THE AUTISM SPEAKS AUTISM GENETIC RESOURCE EXCHANGE. WITH MORE THAN 7,000 SEQUENCED GENOMES, MSSNG IS NOW THE WORLD'S LARGEST GENOMIC DATABASE DEDICATED TO UNDERSTANDING THE DISORDER AND DEVELOPING PERSONALIZED TREATMENTS. SIGNIFICANT

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 34,917,073.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KAREN ROBINSON - 646-385-8516**
1 EAST 33RD STREET 4TH FLOOR, NEW YORK, NY 10016

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN KELLY CHAIR	10.00	X		X				0.	0.	0.
(2) CURTIS ARLEDGE DIRECTOR	1.00	X						0.	0.	0.
(3) SALLIE BERNARD DIRECTOR (THROUGH 11/16)	1.00	X						0.	0.	0.
(4) JOSEPH COYLE, M.D. DIRECTOR (BEGIN 6/16)	1.00	X						0.	0.	0.
(5) CUONG DO DIRECTOR	1.00	X						0.	0.	0.
(6) BARRY FEIRSTEIN DIRECTOR (BEGIN 3/16)	1.00	X						0.	0.	0.
(7) NANCI FREDKIN DIRECTOR	1.00	X						0.	0.	0.
(8) PHILIP H. GEIER, JR DIRECTOR	1.00	X						0.	0.	0.
(9) MATTHEW HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(10) DEE HILFIGER DIRECTOR	1.00	X						0.	0.	0.
(11) TOMMY HILFIGER DIRECTOR	1.00	X						0.	0.	0.
(12) ADRIAN M. JONES DIRECTOR	1.00	X						0.	0.	0.
(13) TIM JONES DIRECTOR	1.00	X						0.	0.	0.
(14) MEL KARMAZIN DIRECTOR	1.00	X						0.	0.	0.
(15) BILLY MANN DIRECTOR	1.00	X						0.	0.	0.
(16) SHAWN MATTHEWS DIRECTOR (THROUGH 12/16)	1.00	X						0.	0.	0.
(17) GARY MAYERSON DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN MURRAY DIRECTOR	1.00	X						0.	0.	0.
(19) VALERIE PARADIZ, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(20) HERBERT PARDES, M.D. DIRECTOR	1.00	X						0.	0.	0.
(21) JAMIE RICHARDSON DIRECTOR	1.00	X						0.	0.	0.
(22) ANDREW ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
(23) CHUCK SAFTLER DIRECTOR	1.00	X						0.	0.	0.
(24) STUART SAVITZ DIRECTOR	1.00	X						0.	0.	0.
(25) DAN SCHULMAN DIRECTOR	1.00	X						0.	0.	0.
(26) STEPHEN SHORE, ED.D. DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,314,955.	0.	236,444.
d Total (add lines 1b and 1c)								3,314,955.	0.	236,444.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **49**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MACROGEN, INC., 10F, 254 BEOTKOT-RO, GEUMCHEON-QU, SEOUL, SOUTH KOREA 08511	GENOMIC SEQUENCING	1,173,270.
THE ADVERTISING COUNCIL, 815 SECOND AVENUE, 9TH FLOOR, NEW YORK, NY 10017	EDUCATION CAMPAIGN	544,178.
THE HOSPITAL FOR SICK CHILDREN RESEARCH INS 555 UNIVERSITY AVENUE, TORONTO, ONTARIO, CA	MSSNG PROJECT MGMT	488,266.
SPENCER STUART 353 N. CLARK, SUITE 2400, CHICAGO, IL 60654	RECRUITING	376,400.
270 STRATEGIES, INC. 722 12TH STREET NW, WASHINGTON, DC 20005	ADVOCACY CONSULTING	317,865.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LAURA SLATKIN DIRECTOR	1.00	X					0.	0.	0.	
(28) STEPHEN P. STANBROOK DIRECTOR (BEGIN 6/16)	1.00	X					0.	0.	0.	
(29) JOHN B. WILSON DIRECTOR	1.00	X					0.	0.	0.	
(30) DAVID M. WITTELS DIRECTOR (THROUGH 11/16)	1.00	X					0.	0.	0.	
(31) ROBERT WRIGHT DIRECTOR	1.00	X					0.	0.	0.	
(32) SUZANNE WRIGHT DIRECTOR (THROUGH 7/16)	1.00	X					0.	0.	0.	
(33) ELIZABETH FELD PRESIDENT (THROUGH 2/16)	40.00	X	X				220,593.	0.	13,250.	
(34) ANGELA GEIGER PRESIDENT (BEGIN 2/16)	40.00		X				439,025.	0.	12,096.	
(35) GARETH THOMAS CHIEF OPERATING OFFICER	40.00		X				311,095.	0.	21,664.	
(36) KAREN ROBINSON CFO (BEGIN 1/16)	40.00		X				232,958.	0.	10,766.	
(37) JOHN GRUBER EVP FINANCE & ADMIN (THROUGH 1/16)	40.00		X				204,566.	0.	0.	
(38) ROBERT H. RING CSO (THROUGH 1/16)	40.00		X				352,377.	0.	13,250.	
(39) LISA GORING CHIEF PROGRAM & MARKETING OFFICER	40.00			X			261,290.	0.	19,445.	
(40) MATHEW PLETCHER VICE PRESIDENT, SCIENCE	40.00			X			240,579.	0.	22,637.	
(41) ANDY SHIH SVP PUBLIC HEALTH RESEARCH	40.00				X		237,010.	0.	40,784.	
(42) PETER MORTON VP CORPORATE DEVELOPMENT	40.00				X		233,522.	0.	28,762.	
(43) PAUL WANG SR VP MED RESEARCH (THROUGH 11/16)	40.00				X		200,608.	0.	20,025.	
(44) DONNA MURRAY VP, SCIENCE, CLINICAL PROGRAMS	40.00				X		192,335.	0.	12,101.	
(45) AMY SCHOEMAN CHIEF HR OFFICER	40.00				X		188,997.	0.	21,664.	
Total to Part VII, Section A, line 1c							3,314,955.		236,444.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 186,219.				
	b Membership dues	1b				
	c Fundraising events	1c 5,942,249.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 184,021.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 41,232,252.				
	g Noncash contributions included in lines 1a-1f: \$	112,680.				
	h Total. Add lines 1a-1f	47,544,741.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	1,678.			1,678.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 5,942,249. of contributions reported on line 1c). See Part IV, line 18	a 2,544,001.				
		b Less: direct expenses	b 2,544,001.			
c Net income or (loss) from fundraising events		0.				
9 a Gross income from gaming activities. See Part IV, line 19	a 15,143.					
	b Less: direct expenses	b 5,063.				
	c Net income or (loss) from gaming activities	10,080.			10,080.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.	47,556,499.	0.	0.	11,758.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,921,858.	5,921,858.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	782,641.	782,641.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	700,757.	700,757.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,375,591.	1,968,293.	119,923.	287,375.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,379,620.	9,832,008.	560,062.	4,987,550.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	434,987.	317,213.	12,675.	105,099.
9 Other employee benefits	1,990,029.	1,314,065.	74,977.	600,987.
10 Payroll taxes	1,295,358.	842,502.	52,651.	400,205.
11 Fees for services (non-employees):				
a Management				
b Legal	165,670.	126,575.	13,792.	25,303.
c Accounting	194,346.	128,279.	29,695.	36,372.
d Lobbying	659,682.	659,682.		
e Professional fundraising services. See Part IV, line 17	300,685.			300,685.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,416,081.	2,163,925.	58,133.	194,023.
12 Advertising and promotion	716,630.	617,174.		99,456.
13 Office expenses	2,187,665.	1,657,856.	42,377.	487,432.
14 Information technology	2,620,617.	2,101,743.	154,410.	364,464.
15 Royalties				
16 Occupancy	2,031,985.	1,477,601.	153,517.	400,867.
17 Travel	1,044,218.	844,751.	10,146.	189,321.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	465,604.	415,290.	855.	49,459.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	540,868.	356,432.	83,294.	101,142.
23 Insurance	117,752.	77,652.	18,110.	21,990.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TEAM UP & WALK EXPENSES	2,147,468.	1,717,974.		429,494.
b DONATION PROCESSING	711,382.			711,382.
c GENOMIC SEQUENCING	460,428.	460,428.		
d DIRECT MAIL	342,412.	220,195.		122,217.
e All other expenses	735,339.	212,179.	456,868.	66,292.
25 Total functional expenses. Add lines 1 through 24e	46,739,673.	34,917,073.	1,841,485.	9,981,115.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	15,602,471.	8,507,948.	228,250.	6,866,273.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,953,395.	1	8,214,910.
	2 Savings and temporary cash investments	2,524,191.	2	2,213,905.
	3 Pledges and grants receivable, net	6,079,206.	3	1,451,283.
	4 Accounts receivable, net	2,767,062.	4	2,303,097.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	714,157.	9	336,314.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,584,770.		
	b Less: accumulated depreciation	10b 1,970,557.	895,538.	10c 614,213.
	11 Investments - publicly traded securities	9,349.	11	1,367.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	305,515.	15	257,419.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,248,413.	16	15,392,508.	
Liabilities	17 Accounts payable and accrued expenses	6,335,629.	17	2,827,325.
	18 Grants payable	4,314,947.	18	3,819,073.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,391,158.	25	1,722,605.
	26 Total liabilities. Add lines 17 through 25	12,041,734.	26	8,369,003.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-1,338,388.	27	1,153,761.
	28 Temporarily restricted net assets	7,545,067.	28	5,869,744.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,206,679.	33	7,023,505.	
34 Total liabilities and net assets/fund balances	18,248,413.	34	15,392,508.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,556,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,739,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	816,826.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,206,679.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,023,505.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2016)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53245999.	63725069.	57552851.	58085859.	47544741.	280154519
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	53245999.	63725069.	57552851.	58085859.	47544741.	280154519
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5870494.
6 Public support. Subtract line 5 from line 4.						274284025

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	53245999.	63725069.	57552851.	58085859.	47544741.	280154519
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,195.	20,220.	4,058.	21,951.	1,678.	67,102.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						280221621
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.88 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.38 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,663,343.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,320,862.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,258,243.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		
d Mailings to members, legislators, or the public?	X		63,512.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		735,059.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		69,405.
j Total. Add lines 1c through 1i			867,976.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

IN 2016, AUTISM SPEAKS CHAMPIONED THE LANDMARK BIOMEDICAL INNOVATIONS BILL KNOWN AS THE 21ST CENTURY CURES ACT ALLOCATING AN ADDITIONAL \$4.8 BILLION IN FUNDING FOR THE NIH OVER TEN YEARS. THE BILL ALSO AIMS TO MODERNIZE CLINICAL TRIALS AND ACCELERATE THE RATE OF INNOVATIONS THROUGH THE DEVELOPMENT OF PERSONALIZED AND PRECISION MEDICINES THAT COULD BENEFIT

Part IV Supplemental Information (continued)

PEOPLE WITH AUTISM. AUTISM SPEAKS WORKED CLOSELY WITH GRASSROOTS
 ADVOCATES AND CHAMPIONS IN CONGRESS TO INCLUDE PROVISIONS THAT WOULD
 POTENTIALLY ACCELERATE BIOMEDICAL INNOVATIONS FOR PEOPLE WITH AUTISM AND
 IMPROVE PATIENT INPUT IN THE DRUG APPROVAL PROCESS.

AUTISM SPEAKS IS SPEARHEADING TREMENDOUS PROGRESS IN CONGRESS TO ADDRESS
 THE EMPLOYMENT AND TRANSITION NEEDS OF TEENS AND YOUNG ADULTS ON THE
 SPECTRUM. AUTISM SPEAKS ADVOCATES CELEBRATED STRATEGIC PROGRESS AIMED AT
 KEEPING PEOPLE WITH AUTISM SAFE THANKS TO THE LEADERSHIP OF OUR CHAMPIONS
 ON CAPITOL HILL AND GRASSROOTS ADVOCATES NATIONWIDE. THE ABLE ACT
 CONTINUED TO BE ROLLED OUT ACROSS THE COUNTRY, WITH TEN STATES AT THE END
 OF 2016 OFFERING TAX-PREFERRED SAVINGS ACCOUNTS FOR DISABILITY-RELATED
 EXPENSES.

ADVOCATES CELEBRATED TREMENDOUS STRIDES IN INSURANCE REFORM WHEN THE
 FEDERAL OFFICE OF PERSONNEL MANAGEMENT ANNOUNCED THAT ITS INSURANCE
 CARRIERS CANNOT EXCLUDE COVERAGE OF APPLIED BEHAVIOR ANALYSIS (ABA) FOR
 AUTISM, STARTING IN 2017. ON THE STATE LEVEL, THE AUTISM SPEAKS ADVOCACY
 TEAM LED THE EFFORT TO PASS MEANINGFUL AUTISM INSURANCE COVERAGE IN
 OKLAHOMA AND OHIO. THE NATIONAL DEFENSE AUTHORIZATION ACT RESTORED 2015
 REIMBURSEMENT RATES FOR ABA PROVIDERS, PREVENTING FURTHER REDUCTIONS IN
 ACCESS TO TREATMENTS FOR MILITARY DEPENDENTS DUE TO 2016 RATE CUTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization AUTISM SPEAKS, INC. **Employer identification number** 20-2329938

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		557,868.	371,407.	186,461.
d Equipment		545,840.	482,871.	62,969.
e Other		1,481,062.	1,116,279.	364,783.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				614,213.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	1,674,605.
(3) ANNUITY LIABILITY	48,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,722,605.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

AS STATED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2016: ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS OR FURTHER DISCLOSURE IN THE NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SCIENCE & RESEARCH	150,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	SCIENCE & RESEARCH	153,257.	WIRE	0.		
		SOUTH ASIA	SCIENCE & RESEARCH	250,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

3 Enter total number of other organizations or entities **5**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE FIRST PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT, ETHICS APPROVAL, AND A TIMELINE BY WHICH THE FUNDED RESEARCH WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS AT DEFINED INTERVALS DURING THE TERM OF THE AWARD. AUTISM SPEAKS' GRANTS AND SCIENCE STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING BEFORE APPROVING SUBSEQUENT PAYMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **AUTISM SPEAKS, INC.** Employer identification number **20-2329938**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THOMPSON, HABIB & DENISON INC. - 80 HAYDEN AVENUE, 270 STRATEGIES, INC. - 722 12TH ST NW, WASHINGTON, DC	DIRECT MAIL CONSULTING		X	542,062.	29,000.	513,062.
IPM ADVANCEMENT - 2340 E BEARDSLEY RD, PHOENIX, AZ	CONSULTING		X	452,304.	167,685.	284,619.
	DIRECT MAIL CONSULTING		X	301,254.	104,000.	197,254.
Total				1,295,620.	300,685.	994,935.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FOREVER BLUE GALA (event type)	FOR A CURE (event type)	34 (total number)	(add col. (a) through col. (c))
Revenue	1	1,392,150.	1,211,129.	5,882,971.	8,486,250.
	2	1,172,211.	987,724.	3,782,314.	5,942,249.
	3	219,939.	223,405.	2,100,657.	2,544,001.
Direct Expenses	4				
	5			62,680.	62,680.
	6	95,613.	114,793.	1,320,535.	1,530,941.
	7	88,101.	91,100.	405,769.	584,970.
	8		1,800.	93,855.	95,655.
	9	36,225.	15,712.	217,818.	269,755.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			15,143.
Direct Expenses	2			1,500.	1,500.
	3				
	4				
	5			3,563.	3,563.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				5,063.
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				10,080.

9 Enter the state(s) in which the organization conducts gaming activities: IL, NJ, NY, PA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ KAREN ROBINSON

Address ▶ 1 EAST 33RD STREET, 4TH FLOOR - NEW YORK, NY 10016

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ ANNE MARIE FORBES

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ RECORDKEEPING

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THOMPSON, HABIB & DENISON INC.

(I) ADDRESS OF FUNDRAISER: _____

80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: 270 STRATEGIES, INC.

(I) ADDRESS OF FUNDRAISER: 722 12TH ST NW, WASHINGTON, DC 20005

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **AUTISM SPEAKS, INC.** Employer identification number **20-2329938**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATIONS LLC 310 ARLINGTON AVE STE 304 CHARLOTTE, NC 28203	26-4389403		17,500.	0.			FAMILY SERVICES
ARCADIA UNIVERSITY 450 S. EASTON RD GLENSIDE, PA 19038	23-1352620	501 (C) 3	15,000.	0.			FAMILY SERVICES
ASET - AUTISM SAFETY EDUCATION & TRAINING - 54 BARTLEY AVE. - PORTLAND, ME 04103	46-5560054		8,991.	0.			FAMILY SERVICES
AUSTIN COMMUNITY COLLEGE STEPS PROGRAM - 5930 MIDDLE FISKVILLE ROAD - AUSTIN, TX 78752	74-1742036	501 (C) 3	15,000.	0.			FAMILY SERVICES
BRIDGEWAY ACADEMY 2500 MEDARY AVENUE COLUMBUS, OH 43202	76-0796242	501 (C) 3	15,000.	0.			FAMILY SERVICES
CELEBRATE EDU 1928 PEARL STREET BOULDER, CO 80302	46-0897449	501 (C) 3	27,500.	0.			FAMILY SERVICES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL HAVEN INC 1040 WHALLEY AVE. NEW HAVEN, CT 06515	06-0925031	501 (C) 3	20,000.	0.			FAMILY SERVICES
DEFIANCE COLLEGE 701 N. CLINTON STREET DEFIANCE, OH 43512	34-4430762	501 (C) 3	20,000.	0.			FAMILY SERVICES
EASTER SEALS METROPOLITAN CHICAGO, INC. - 1939 WEST 13TH STREET - CHICAGO, IL 60608	36-2169153	501 (C) 3	500.	0.			FAMILY SERVICES
EDEN II/GENESIS PROGRAMS 600 NEWBRIDGE RD EAST MEADOW, NY 11768	13-2872916	501 (C) 3	22,500.	0.			FAMILY SERVICES
FIRST PLACE AZ 717 E MARYLAND AVE, SUITE 110 PHOENIX, AZ 85014	46-1722227	501 (C) 3	20,000.	0.			FAMILY SERVICES
FOOD FOR GOOD THOUGHT 4185 NORTH HIGH STREET COLUMBUS, OH 43214	80-0376745		15,000.	0.			FAMILY SERVICES
FOOD FOR GOOD THOUGHT VOCATIONAL SUPPORT, INC. - 4185 NORTH HIGH STREET - COLUMBUS, OH 43214	01-0941310	501 (C) 3	17,500.	0.			FAMILY SERVICES
GREEN BRIDGE GROWERS 938 RIVERSIDE DRIVE SOUTH BEND, IN 46616	46-2689544	501 (C) 3	3,500.	0.			FAMILY SERVICES
HAVE DREAMS 515 BUSSE HIGHWAY, SUITE 150 PARK RIDGE, IL 60068	36-4078008	501 (C) 3	17,999.	0.			FAMILY SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 43209	31-4379497	501 (C) 3	15,000.	0.			FAMILY SERVICES
LEAPZ N BOUNDS 5433 BEETHOVEN STREET, #155 LOS ANGELES, CA 90066	27-0970111		6,000.	0.			FAMILY SERVICES
NASSAU SUFFOLK SERVICES FOR THE AUTISTIC, INC. - 80 HAUPPAUGE ROAD - COMMACK, NY 11725	11-2669753	501 (C) 3	22,500.	0.			FAMILY SERVICES
NATIONWIDE CHILDREN'S HOSP CTR FOR AUTISM SPECTRUM DISORDER - 187 W. SCHROCK RD. - WESTERVILLE, OH 43081	31-4379441		15,000.	0.			FAMILY SERVICES
NEW YORK COLLABORATES FOR AUTISM 3 E 54TH ST NEW YORK, NY 10022	57-1136147	501 (C) 3	552,071.	0.			FAMILY SERVICES
NORTHSTAR ACADEMY 8055 SHRADER ROAD RICHMOND, VA 23294	54-1816370	501 (C) 3	15,000.	0.			FAMILY SERVICES
PIRANHA AQUATICS 645 E. STATE ST. SALEM, OH 44460	45-3175476	501 (C) 3	8,000.	0.			FAMILY SERVICES
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER - 300 N 18TH ST - PHOENIX, AZ 85006	31-1496646	501 (C) 3	23,000.	0.			FAMILY SERVICES
SPECTRUM DESIGNS FOUNDATION 416 MAIN STREET PORT WASHINGTON, NY 11050	27-5020830	501 (C) 3	22,500.	0.			FAMILY SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMARACK WELLNESS CENTER 3575 DONALD ST. STE 300 EUGENE, OR 97405	93-1247394	501 (C) 3	6,000.	0.			FAMILY SERVICES
THE ELIJA FOUNDATION 11 LAUREL LANE LEVITTOWN, NY 11756	03-0416348	501 (C) 3	26,000.	0.			FAMILY SERVICES
THE GILLEN BREWER SCHOOL 410 EAST 92ND STREET NEW YORK, NY 10128	13-3764868	501 (C) 3	480,953.	0.			FAMILY SERVICES
THE LETTUCE WORK FOUNDATION, INC. PO BOX 217 NEW ALBANY, OH 43054	26-0299634	501 (C) 3	15,000.	0.			FAMILY SERVICES
UNIVERSITY OF MISSOURI ST. LOUIS SUCCEED PROGRAM - 113 LUCAS HALL, 1 UNIVERSITY BLVD - ST. LOUIS, MO 63121	26-6440629	STATE OF MO	15,000.	0.			FAMILY SERVICES
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK - 184 ELDRIDGE ST. - NEW YORK, NY 10002	13-5562374	501 (C) 3	6,000.	0.			FAMILY SERVICES
VISTA VOCATIONAL & LIFE SKILLS CENTER - 1356 OLD CLINTON ROAD - WESTBROOK, CT 06498	22-3106714	501 (C) 3	10,000.	0.			FAMILY SERVICES
WINTHROP UNIVERSITY 701 OAKLAND AVE ROCK HILL, SC 29733	07-1055214		10,000.	0.			FAMILY SERVICES
YMCA OF THE TRIANGLE 801 CORPORATE CENTER RALEIGH, NC 27607	56-0591307	501 (C) 3	7,590.	0.			FAMILY SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS CHILDRENS HOSPITAL RESEARCH INSTITUTE, INC. - 13 CHILDREN'S WAY - LITTLE ROCK, AR 72202	71-0694931	501 (C) 3	81,026.	0.			SCIENCE & RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NO T100 HOUSTON, TX 77030	74-1613878	501 (C) 3	140,586.	0.			SCIENCE & RESEARCH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027	95-1690977	501 (C) 3	274,740.	0.			SCIENCE & RESEARCH
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501 (C) 3	99,892.	0.			SCIENCE & RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET, SUITE 420 PHILADELPHIA, PA 19104	23-1352630	501 (C) 3	465,098.	0.			SCIENCE & RESEARCH
DUKE UNIVERSITY 324 BLACKWELL ST, SUITE 850 DURHAM, NC 27701	56-0532129	501 (C) 3	7,895.	0.			SCIENCE & RESEARCH
FOUNDATION ASSOCIATES LLC 160 FIFTH AVE. 7TH FLOOR NEW YORK, NY 10010	46-3285543	501 (C) 3	291,667.	0.			SCIENCE & RESEARCH
HUGO W. MOSER RESEARCH INSTITUTE AT THE KENNEDY KRIEGER, INC - 707 N. BROADWAY - BALTIMORE, MD 21205	52-1524967	501 (C) 3	62,000.	0.			SCIENCE & RESEARCH
NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418	53-0196932	501 (C) 3	125,000.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211	52-0595110	501 (C) 3	49,911.	0.			SCIENCE & RESEARCH
MARCUS AUSTIM CENTER INC 1584 TULLIE CIRCLE ATLANTA, GA 30329	26-2809380	501 (C) 3	222,586.	0.			SCIENCE & RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE CHILDRENS HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501 (C) 3	216,423.	0.			SCIENCE & RESEARCH
NEW YORK-PRESBYTERIAN FUND INC. 525 EAST 68TH STREET NEW YORK, NY 10065	13-3160356	501 (C) 3	151,514.	0.			SCIENCE & RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 1121 SW SALMON STREET 100 - PORTLAND, OR 97205	23-7083114	501 (C) 3	68,485.	0.			SCIENCE & RESEARCH
PARTNERS HEALTHCARE SYSTEM INC 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501 (C) 3	90,812.	0.			SCIENCE & RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 1 SHIELDS AVENUE - WEST SACRAMENTO, CA 95616	94-6036494	STATE OF CA	75,348.	0.			SCIENCE & RESEARCH
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 10920 WILSHIRE BLVD SUITE 620 - LOS ANGELES, CA 90024	95-6006143	STATE OF CA	34,602.	0.			SCIENCE & RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - BIOSCI III, SUITE 1400 - IRVINE, CA 92697	95-2226406	STATE OF CA	96,624.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	76,267.	0.			SCIENCE & RESEARCH
SAINT LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS, MO 63103	43-0654872	501 (C) 3	53,146.	0.			SCIENCE & RESEARCH
SOUTHWEST AUTISM RESEARCH AND RESOURCE CENTER (SARRC) - 300 NORTH 18TH STREET - PHOENIX, AZ 85006	31-1496646	501 (C) 3	409,349.	0.			SCIENCE & RESEARCH
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 34TH STREET CIVIC CENTER BLVD. - PHILADELPHIA, PA 19104	23-1352166	501 (C) 3	69,800.	0.			SCIENCE & RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 118 UNIVERSITY HALL - COLUMBIA, MO 65211	43-6003859	115	84,248.	0.			SCIENCE & RESEARCH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501 (C) 3	29,920.	0.			SCIENCE & RESEARCH
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 552 UNIVERSITY ROAD - SANTA BARBARA, CA 93106	95-6006145	501 (C) 3	32,167.	0.			SCIENCE & RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260	25-0965591	501 (C) 3	89,597.	0.			SCIENCE & RESEARCH
UNIVERSITY OF ROCHESTER 910 GENESEE STREET BROOKS LANDING BUSINESS CENTER - ROCHESTER, NY 14611	16-0743209	501 (C) 3	139,762.	0.			SCIENCE & RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY PMB 406310 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501 (C) 3	315,111.	0.			SCIENCE & RESEARCH

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EQUIPMENT	685	0.	344,537.	FMV	IPADS, IPAD CASES, AND HOME SAFETY PACKAGES
FINANCIAL ASSISTANCE	48	44,904.	0.		
DENNIS WEATHERSTONE PRE-DOCTORAL FELLOWSHIP	10	301,200.	0.		
ROYAL ARCH MASONS PRE-DOCTORAL FELLOWSHIP	1	30,400.	0.		
MEIXNER TRANSLATIONAL POST-DOCTORAL FELLOWSHIP	1	61,600.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANT PAYMENTS ARE DEPENDENT ON THE GRANTEE SUBMITTING THE NECESSARY DOCUMENTATION. THE FIRST PAYMENT REQUIRES A FULLY EXECUTED AGREEMENT, ETHICS APPROVAL, AND A TIMELINE BY WHICH THE FUNDED RESEARCH WILL BE COMPLETED. ALL GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRESS REPORTS AT DEFINED INTERVALS DURING THE TERM OF THE AWARD. AUTISM SPEAKS' GRANTS AND SCIENCE STAFF REVIEW ALL DOCUMENTS FOR SATISFACTORY AND ACCURATE REPORTING BEFORE APPROVING SUBSEQUENT PAYMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
AUTISM SPEAKS, INC.

Employer identification number
20-2329938

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH FELD PRESIDENT (THROUGH 2/16)	(i)	43,519.	50,000.	127,074.	13,250.	0.	233,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANGELA GEIGER PRESIDENT (BEGIN 2/16)	(i)	438,688.	0.	337.	0.	12,096.	451,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARETH THOMAS CHIEF OPERATING OFFICER	(i)	259,751.	50,000.	1,344.	0.	21,664.	332,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KAREN ROBINSON CFO (BEGIN 1/16)	(i)	232,564.	0.	394.	0.	10,766.	243,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN GRUBER EVP FINANCE & ADMIN (THROUGH 1/16)	(i)	28,014.	0.	176,552.	0.	0.	204,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT H. RING CSO (THROUGH 1/16)	(i)	14,238.	0.	338,139.	13,250.	0.	365,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA GORING CHIEF PROGRAM & MARKETING OFFICER	(i)	260,000.	0.	1,290.	19,445.	0.	280,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MATHEW PLETCHER VICE PRESIDENT, SCIENCE	(i)	230,279.	10,000.	300.	0.	22,637.	263,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDY SHIH SVP PUBLIC HEALTH RESEARCH	(i)	235,720.	0.	1,290.	19,120.	21,664.	277,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER MORTON VP CORPORATE DEVELOPMENT	(i)	232,232.	0.	1,290.	7,098.	21,664.	262,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAUL WANG SR VP MED RESEARCH (THROUGH 11/16)	(i)	193,625.	0.	6,983.	7,950.	12,075.	220,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DONNA MURRAY VP, SCIENCE, CLINICAL PROGRAMS	(i)	191,664.	0.	671.	4,997.	7,104.	204,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AMY SCHOEMAN CHIEF HR OFFICER	(i)	188,732.	0.	265.	0.	21,664.	210,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL NON-PROFITS OF LIKE SIZE WHEN DETERMINING APPROPRIATE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR EXECUTIVES. ADDITIONALLY, AUTISM SPEAKS HAS A FORMAL COMPENSATION STRUCTURE BASED ON MARKET DATA OF SIMILAR SIZED ORGANIZATIONS, WHICH DETERMINES A SALARY RANGE BY JOB. AUTISM SPEAKS' AIMS TO PAY INDIVIDUALS AT COMPETITIVE MARKET RATES.

PART I, LINE 4A:

ROBERT RING - SEVERANCE PAYMENT \$336,843
JOHN GRUBER - SEVERANCE PAYMENT \$175,000
ELIZABETH FELD - SEVERANCE PAYMENT \$123,171

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	133,895.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SPECIAL EVENT)	X	4	62,680.	FMV
26 Other ▶ (HOME SAFETY)	X	1	50,000.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL STOCK CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVANCING RESEARCH INTO CAUSES AND BETTER INTERVENTIONS FOR AUTISM
SPECTRUM DISORDER AND RELATED CONDITIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IT CONNECTS NATIONAL COMPANIES TO LOCAL DISABILITY RESOURCES, WHICH IN
TURN CONNECT THOSE FIRMS TO QUALIFIED JOB CANDIDATES ON THE SPECTRUM.

IN 2016, AUTISM SPEAKS AWARDED \$105,000 IN FUNDING TO EXPAND
ENTREPRENEURSHIP AND SMALL-BUSINESS JOB OPTIONS. THE SMALL BUSINESS
TECHNICAL ASSISTANCE AWARDS CONNECT ASPIRING ENTREPRENEURS AND JOB
CANDIDATES TO EMPLOYMENT CONSULTANTS WHO SPECIALIZE IN AUTISM AND
SMALL-BUSINESS OWNERS WHO WANT TO HIRE PEOPLE ON THE SPECTRUM.

AUTISM SPEAKS PARTNERED WITH THE SUNTRUST FOUNDATION TO RELEASE THE
AUTISM SPEAKS SPECIAL NEEDS FINANCIAL PLANNING TOOL KIT, WHICH HELPS
FAMILIES SECURE THEIR FINANCIAL FUTURE AND HELD A SERIES OF FINANCIAL
PLANNING WORKSHOPS, WHERE THEY COULD MEET FINANCIAL EXPERTS AND SERVICE
PROVIDERS.

TO MEET THE HOUSING NEEDS OF ADULTS ON THE SPECTRUM, AUTISM SPEAKS
AWARDED THREE HEROX HOUSE TO HOME PRIZES FOR INNOVATIVE IDEAS. THE
COMPETITION CHALLENGED A GLOBAL AUDIENCE OF PROBLEM-SOLVERS TO DEVELOP
ALTERNATIVE HOUSING AND SUPPORT SERVICES.

THROUGHOUT THE YEAR, AUTISM SPEAKS WORKED WITH JETBLUE AIRWAYS AND THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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NOERR PROGRAMS TO PROVIDE PEOPLE WITH AUTISM AND THEIR FAMILIES WITH EXCITING OPPORTUNITIES. THROUGH THE BLUE HORIZONS FOR AUTISM PROGRAM WITH JETBLUE, NEARLY 1,000 PEOPLE IN FOUR CITIES PRACTICED AIR TRAVEL IN A REALISTIC SETTING. DURING THE HOLIDAYS, THE NOERR PROGRAMS WORKED WITH AUTISM SPEAKS TO PROVIDE THOUSANDS OF SPECIAL-NEEDS FAMILIES WITH AUTISM FRIENDLY VISITS AND PHOTO SESSIONS WITH THE EASTER BUNNY AND SANTA.

ON WORLD AUTISM AWARENESS DAY, APRIL 2, MORE THAN 18,000 LANDMARKS, BUSINESSES AND HOMES JOINED AUTISM SPEAKS' LIGHT IT UP BLUE CAMPAIGN TO SHOW SUPPORT FOR INDIVIDUALS AND FAMILIES AFFECTED BY AUTISM.

WITH PARTNERSHIPS IN MORE THAN 70 COUNTRIES, AUTISM SPEAKS GLOBAL PUBLIC HEALTH INITIATIVE (GAPH) SEEKS TO INCREASE ACCEPTANCE OF PEOPLE WITH AUTISM, WHILE ENSURING TIMELY DIAGNOSIS AND EARLY INTERVENTION IN UNDERSERVED COMMUNITIES AT HOME AND ABROAD. NOTABLE ADVANCES IN 2016 INCLUDED THE GLOBAL ROLLOUT OF THE WORLD HEALTH ORGANIZATION AND AUTISM SPEAKS' JOINT PARENT SKILLS TRAINING FOR CAREGIVERS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES.

AUTISM SPEAKS ADVOCATES FOR THE NEEDS OF INDIVIDUALS AND FAMILIES WITH AUTISM ON THE FEDERAL AND STATE LEVEL. ON THE FEDERAL LEVEL, AUTISM SPEAKS WORKED CLOSELY WITH GRASSROOTS ADVOCATES AND CHAMPIONS IN CONGRESS TO INCLUDE PROVISIONS IN THE LANDMARK 21ST CENTURY CURES ACT THAT WOULD POTENTIALLY ACCELERATE BIOMEDICAL INNOVATIONS FOR PEOPLE WITH AUTISM AND IMPROVE PATIENT INPUT IN THE DRUG APPROVAL PROCESS. IN DECEMBER 2016, PRESIDENT BARACK OBAMA SIGNED THE LANDMARK BIOMEDICAL INNOVATIONS BILL ALLOCATING AN ADDITIONAL \$4.8 BILLION IN FUNDING FOR

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

THE NIH OVER TEN YEARS.

AUTISM SPEAKS ALSO SPEARHEADED PROGRESS IN CONGRESS TO ADDRESS THE EMPLOYMENT AND TRANSITION NEEDS OF TEENS AND YOUNG ADULTS ON THE SPECTRUM AND ADVOCATES CELEBRATED STRATEGIC PROGRESS AIMED AT KEEPING PEOPLE WITH AUTISM SAFE.

ON THE STATE LEVEL, THE AUTISM SPEAKS ADVOCACY TEAM LED THE EFFORT TO PASS MEANINGFUL AUTISM INSURANCE COVERAGE IN OKLAHOMA AND OHIO. THE NATIONAL DEFENSE AUTHORIZATION ACT RESTORED 2015 REIMBURSEMENT RATES FOR ABA PROVIDERS, PREVENTING FURTHER REDUCTIONS IN ACCESS TO TREATMENTS FOR MILITARY DEPENDENTS DUE TO 2016 RATE CUTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PUBLICATIONS ARE NOW DISSEMINATING FINDINGS FROM THIS DATA.

THE 13 SITES IN THE AUTISM SPEAKS AUTISM TREATMENT NETWORK (ATN) PROVIDED FAMILY-CENTERED, INTERDISCIPLINARY CARE TO AN ESTIMATED 40,000 CHILDREN AND TEENS IN 2016. WITH A FOCUS ON INCREASING SERVICES TO UNDERSERVED COMMUNITIES, THE NETWORK HOSTED MORE THAN 1,000 TRAINING AND OUTREACH EVENTS, REACHING 50,000 PROFESSIONALS, STUDENTS AND FAMILIES. THE NETWORK PUBLISHED 29 SCIENTIFIC PAPERS ON MEDICAL TOPICS.

SEVERAL AUTISM SPEAKS-FUNDED PILOT STUDIES PRODUCED PROMISING RESULTS IN 2016. THEY INCLUDED TWO PLACEBO-CONTROLLED CLINICAL TRIALS THAT SEPARATELY SHOWED IMPROVEMENT IN AUTISM SYMPTOMS AMONG CHILDREN WHO RECEIVED EITHER B12 INJECTIONS OR ORAL FOLINIC ACID (A FORM OF B9).

ANOTHER AUTISM SPEAKS-FUNDED STUDY SHOWED THAT PRESCHOOLERS WITH AUTISM

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

GAIN SIGNIFICANTLY MORE LANGUAGE AND INITIATE MORE COMMUNICATION WHEN
TEACHERS USE A SIMPLIFIED VERSION OF A BEHAVIORAL THERAPY CALLED
JASPER.

AUTISM SPEAKS FUNDED 52 GRANTS TALLING \$4,947,533 IN 2016. THIS
INCLUDES THREE NEW WEATHERSTONE PREDOCTORAL FELLOWSHIPS AND THE FIRST
ROYAL ARCH MASONS PREDOCTORAL FELLOWSHIP.

FORM 990, PART VI, SECTION A, LINE 2:

TOMMY HILFIGER (DIRECTOR) AND DEE HILFIGER (DIRECTOR) ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY FINANCE DEPARTMENT STAFF MEMBERS AND REVIEWED
BY EXTERNAL INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS. ONCE COMPLETED, THE
COMPLETE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS IN ADVANCE OF
FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTERESTS POLICY IS REVIEWED ANNUALLY AT A BOARD MEETING
WITH KEY EXECUTIVES PRESENT. BOARD MEMBERS, KEY EXECUTIVES, AND ALL STAFF
ARE REQUIRED TO REVIEW AND SIGN THE POLICY ON AN ANNUAL BASIS AND DISCLOSE
ANY BUSINESS ENTITY WHICH PROVIDED SERVICES TO AUTISM SPEAKS OR TO WHICH
AUTISM SPEAKS PROVIDED GRANTS OR SERVICES THAT THEY OR THEIR SPOUSE HAVE AN
INTEREST. ALSO REQUIRED TO BE LISTED IS ANY ENTITY, WHETHER BUSINESS,
INSTITUTION, OR NON-PROFIT ORGANIZATION, WITH WHICH THEY ARE CURRENTLY
AFFILIATED WITH IN ANY WORKING CAPACITY. THE AUTISM SPEAKS STAFF REVIEW
EACH GRANT AWARDED FOR POTENTIAL CONFLICTS OF INTEREST. EVERY BUSINESS
ENTITY REPORTED BY BOARD MEMBERS OR STAFF WITH WHICH A WORKING RELATIONSHIP

Name of the organization AUTISM SPEAKS, INC.	Employer identification number 20-2329938
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OUTSIDE OF AUTISM SPEAKS EXISTS IS INVESTIGATED FOR A POTENTIAL CONFLICT OF INTEREST. AUTISM SPEAKS MAY IMPOSE SANCTIONS ON A COVERED PERSON FOR NON-COMPLIANCE, INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS CEO COMPENSATION OF SEVERAL NATIONAL NON-PROFITS OF LIKE SIZE WHEN DETERMINING APPROPRIATE COMPENSATION FOR AUTISM SPEAKS' PRESIDENT AND OTHER SENIOR EXECUTIVES. ADDITIONALLY, AUTISM SPEAKS HAS A FORMAL COMPENSATION STRUCTURE BASED ON MARKET DATA OF SIMILAR SIZED ORGANIZATIONS, WHICH DETERMINES A SALARY RANGE BY JOB. AUTISM SPEAKS' AIMS TO PAY INDIVIDUALS AT COMPETITIVE MARKET RATES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

AUTISM SPEAKS' AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON ITS WEBSITE- AUTISMSPEAKS.ORG AND ARE AVAILABLE UPON REQUEST. AUTISM SPEAKS' FORM 1023, CONFLICT OF INTERESTS POLICY AND BY-LAWS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

AUTISM SPEAKS, INC.

Employer identification number

20-2329938

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DELIVERING SCIENTIFIC INNOVATION FOR AUTISM, LLC - 46-1157381, 1060 STATE ROAD, PRINCETON, NJ 08540	TO FUND PRODUCT DEVELOPMENT TO MEET THE NEEDS OF THE AUTISM COMMUNITY	DELAWARE	0.	4,999.	AUTISM SPEAKS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANCING FUTURES FOR ADULTS WITH AUTISM, INC. - 26-4813657, 1 EAST 33RD STREET, NEW YORK, NY 10016	TO PROVIDE SUPPORT FOR ADULTS WITH AUTISM	DELAWARE	501(C)(3)	LINE 7	AUTISM SPEAKS	X	
AUTISM SPEAKS CANADA - 86-9420208 2450 VICTORIA PARK AVENUE, UNIT 120 TORONTO, ON, CANADA M2J 4A2	AUTISM RESEARCH, AWARENESS, & FAMILY SERVICES	CANADA			AUTISM SPEAKS	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

